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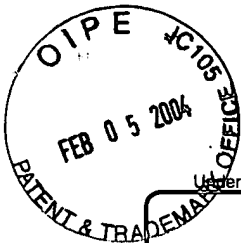
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Application No: 10/692,943

Filing Date: 10/24/2003

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <u>35420</u>		^{AND/OR} <input checked="" type="checkbox"/> Correspondence address below	
Name <u>Michael P. Mazaq, LLC</u>			
Address <u>686 Crescent Blvd.</u>			
City <u>Glen Ellyn,</u>		State <u>IL</u>	ZIP <u>60137</u>
Country <u>USA</u>	Telephone <u>630-858-5071</u>	Fax <u>630-858-0373</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Nathan</u>		Family Name or Surname <u>Snell</u>	
Inventor's Signature			Date
Residence: City <u>Mooreville</u>	State <u>North Carolina</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>123 Broken Pine Lane</u>			
City <u>Mooreville</u>	State <u>North Carolina</u>	ZIP <u>28117</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Rafael M.</u>		Family Name or Surname <u>Rodriguez</u>	
Inventor's Signature			Date
Residence: City <u>Ormond Beach</u>	State <u>Florida</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>8 Arcaro Ct.</u>			
City <u>Ormond Beach</u>	State <u>Florida</u>	ZIP <u>32174</u>	Country <u>USA</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Attorney Docket 10018

Nov 06 03 02:34p

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Application No 210/692,943 Filing Date: 10/24/2003



PTO/BD/01 (02-03)
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <u>354120</u> <input checked="" type="checkbox"/> Correspondence address below	
Name: <u>Michael R. Moore, LLC</u>	
Address: <u>686 Crescent Blvd.</u>	
City: <u>Granville</u>	State: <u>IL</u> ZIP: <u>60137</u>
Country: <u>USA</u>	Telephone: <u>630-953-5000</u> Fax: <u>630-353-0223</u>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.	
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))	Family Name or Surname
<u>Michael</u>	<u>Moore</u>
Inventor's Signature: <u>[Signature]</u>	Date: <u>11/2/03</u>
Residence: City: <u>Granville</u> State: <u>North Carolina</u> Country: <u>USA</u> Citizenship: <u>USA</u>	
Mailing Address: <u>123 Broken Pine Lane</u>	
City: <u>Granville</u> State: <u>North Carolina</u> ZIP: <u>28117</u> Country: <u>USA</u>	
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))	Family Name or Surname
<u>Robert M.</u>	<u>Ardis</u>
Inventor's Signature: <u>[Signature]</u>	Date: <u>11/4/03</u>
Residence: City: <u>Orlando</u> State: <u>Florida</u> Country: <u>USA</u> Citizenship: <u>USA</u>	
Mailing Address: <u>8 Accord Ct.</u>	
City: <u>Orlando</u> State: <u>Florida</u> ZIP: <u>32174</u> Country: <u>USA</u>	
<input type="checkbox"/> Additional inventors or a legal representative are being named on this application (check) (PTO/BD/02A or 02LR attached hereto)	

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Attorney Docket 10018

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TO: 16308580373

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Apph No: 10/692,943 Filing Date 10/24/2003

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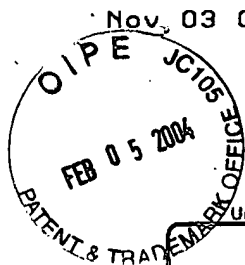
DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
	Page <u>1</u> of <u>3</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Todd</u>		Family Name or Surname <u>Krawczyk</u>	
Inventor's Signature		Date	
Residence: City <u>Ormond Beach</u>	State <u>Florida</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>4 Arcaro Ct.</u>			
Mailing Address			
City <u>Ormond Beach</u>	State <u>Florida</u>	Zip <u>32174</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Gregory</u>		Family Name or Surname <u>Spence</u>	
Inventor's Signature		Date	
Residence: City <u>Montrose</u>	State <u>CA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>4004 Sunset Avenue</u>			
Mailing Address			
City <u>Montrose</u>	State <u>CA</u>	Zip <u>91020</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Michael S.</u>		Family Name or Surname <u>Marszalec</u>	
Inventor's Signature <u>Michael S. Marszalec</u>		Date <u>11/3/03</u>	
Residence: City <u>Freeport</u>	State <u>IL</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>5667 US RTE. 20 W</u>			
Mailing Address			
City <u>Freeport</u>	State <u>IL</u>	Zip <u>61032</u>	Country <u>USA</u>

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App'n NO: 10/692,943 Filing Date: 10/24/2003¹⁰⁰¹⁸

PTO/SB/02A (08-03)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetPage 2 of 3

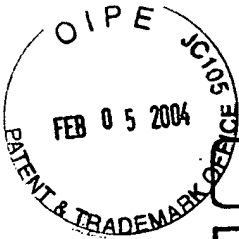
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Todd		Krowczyk	
Inventor's Signature		Date	
Residence: City	Ormond Beach	State	Florida
		Country	USA
Citizenship USA			
Mailing Address			
4 Arcara Ct.			
Mailing Address			
City	Ormond Beach	State	Florida
		Zip	32174
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregory		Spencer	
Inventor's Signature		Date	
11/6/03			
Residence: City	Montrose	State	CA
		Country	USA
Citizenship USA			
Mailing Address			
4004 Sunset Avenue			
Mailing Address			
City	Montrose	State	CA
		Zip	91020
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael S.		Marszalec	
Inventor's Signature		Date	
Residence: City	Freeport	State	IL
		Country	USA
Citizenship USA			
Mailing Address			
5667 US RTE 20 W			
Mailing Address			
City	Freeport	State	IL
		Zip	61032
		Country	USA

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ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Todd		Krowczyk	
Inventor's Signature		Date 11/04/03	
Residence: City	Ormond Beach	State Florida	Country USA
Citizenship USA			
Mailing Address 4 Arcaro Ct.			
Mailing Address			
City	Ormond Beach	State Florida	Zip 32174
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gregory		Spencer	
Inventor's Signature		Date	
Residence: City	Montrose	State CA	Country USA
Citizenship USA			
Mailing Address 4004 Sunset Avenue			
Mailing Address			
City	Montrose	State CA	Zip 91020
Country USA			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael S.		Marszalek	
Inventor's Signature		Date	
Residence: City	Freeport	State IL	Country USA
Citizenship USA			
Mailing Address 5667 US RTE. 20 W			
Mailing Address			
City	Freeport	State IL	Zip 61032
Country USA			

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